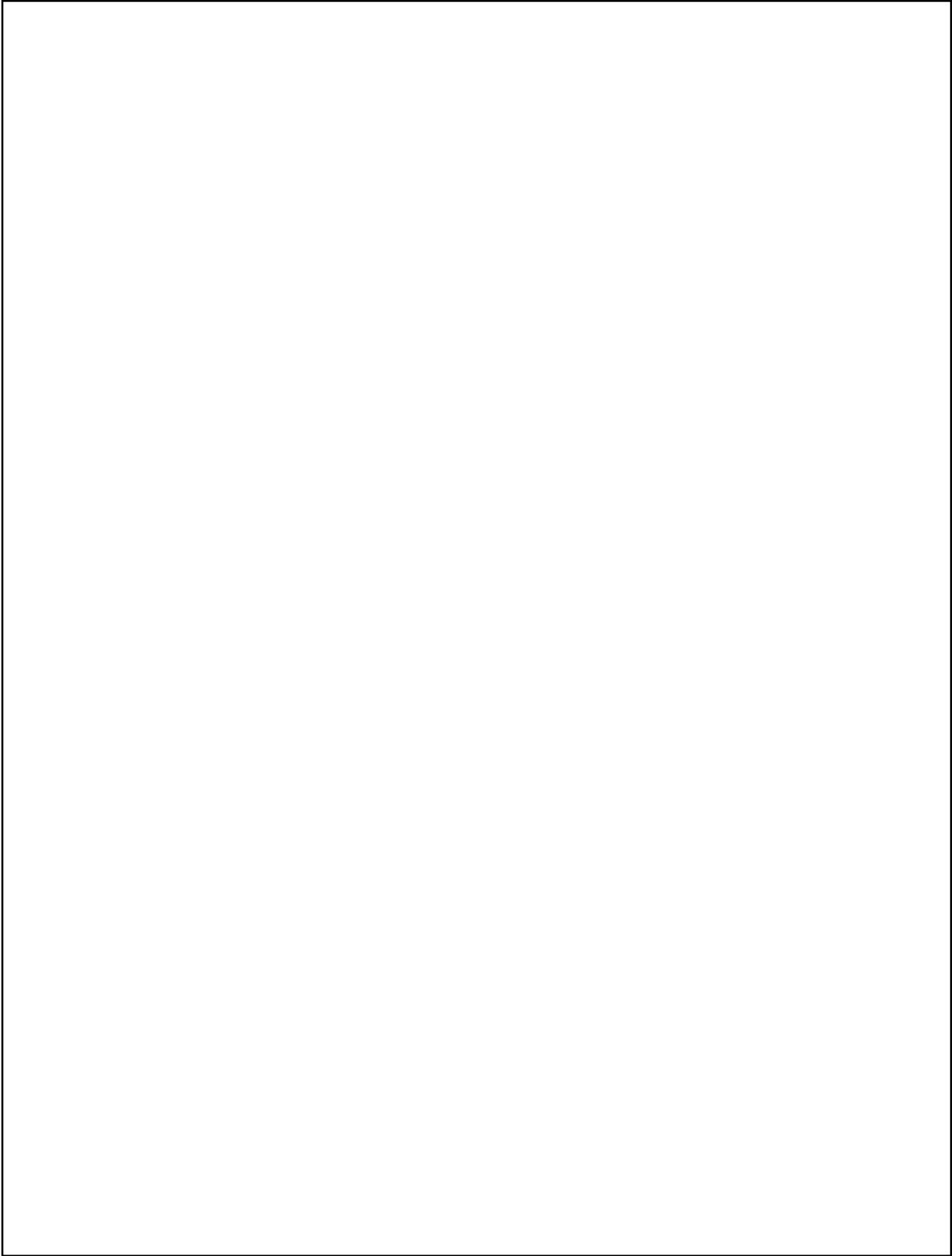


ending
homelessness
is everyone's
responsibility



REGIONAL PLAN TO END HOMELESSNESS





Acknowledgments

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Special thanks to the following organizations for their continued support:

APS

Arizona State University

Carl T. Hayden Veterans Affairs Medical Center

Foundation for Senior Living

Flinn Foundation

Maricopa County Human Services Department

Most Holy Trinity Catholic Church

Society of St. Vincent de Paul

Southwest Behavioral Health Services

Vista Colina

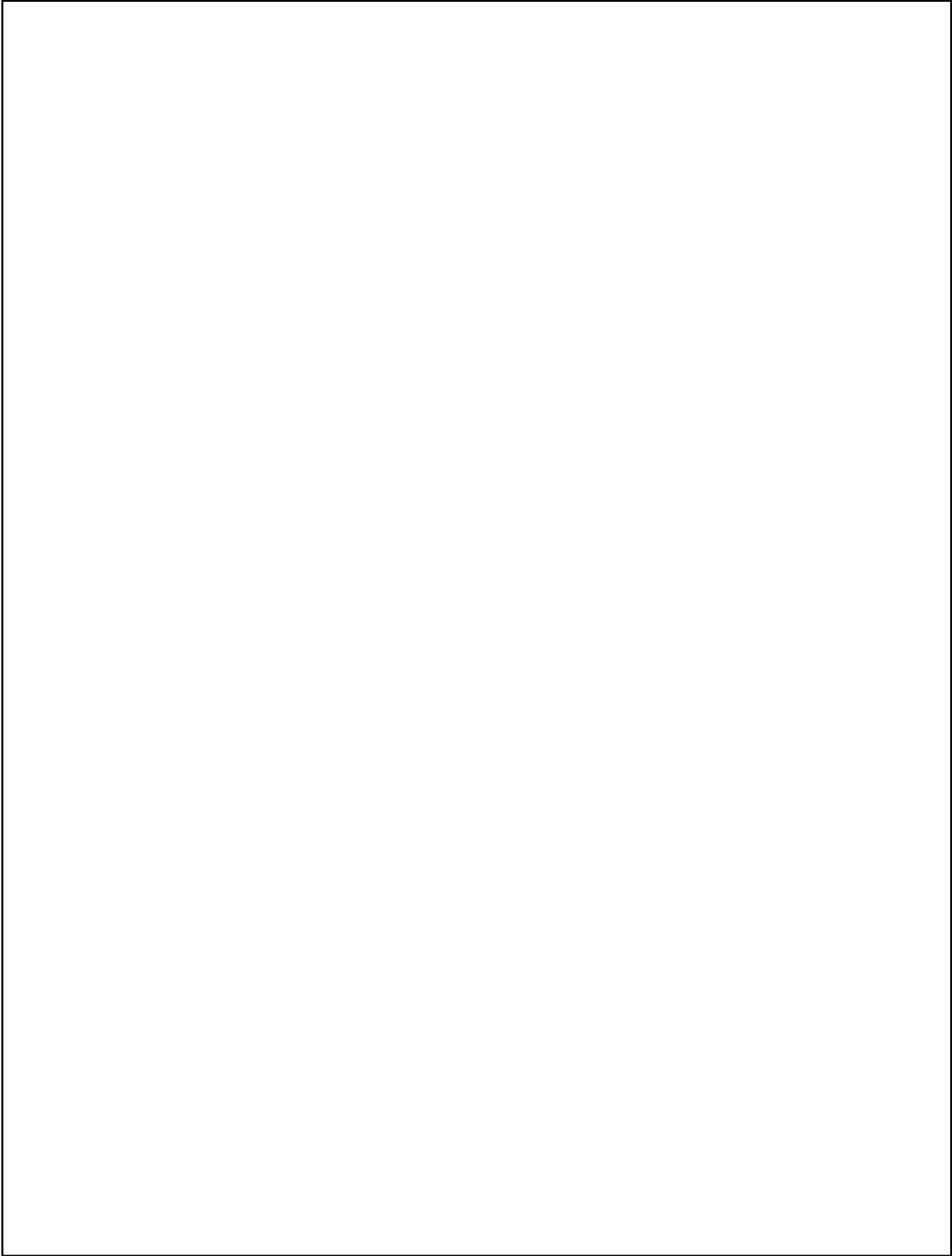


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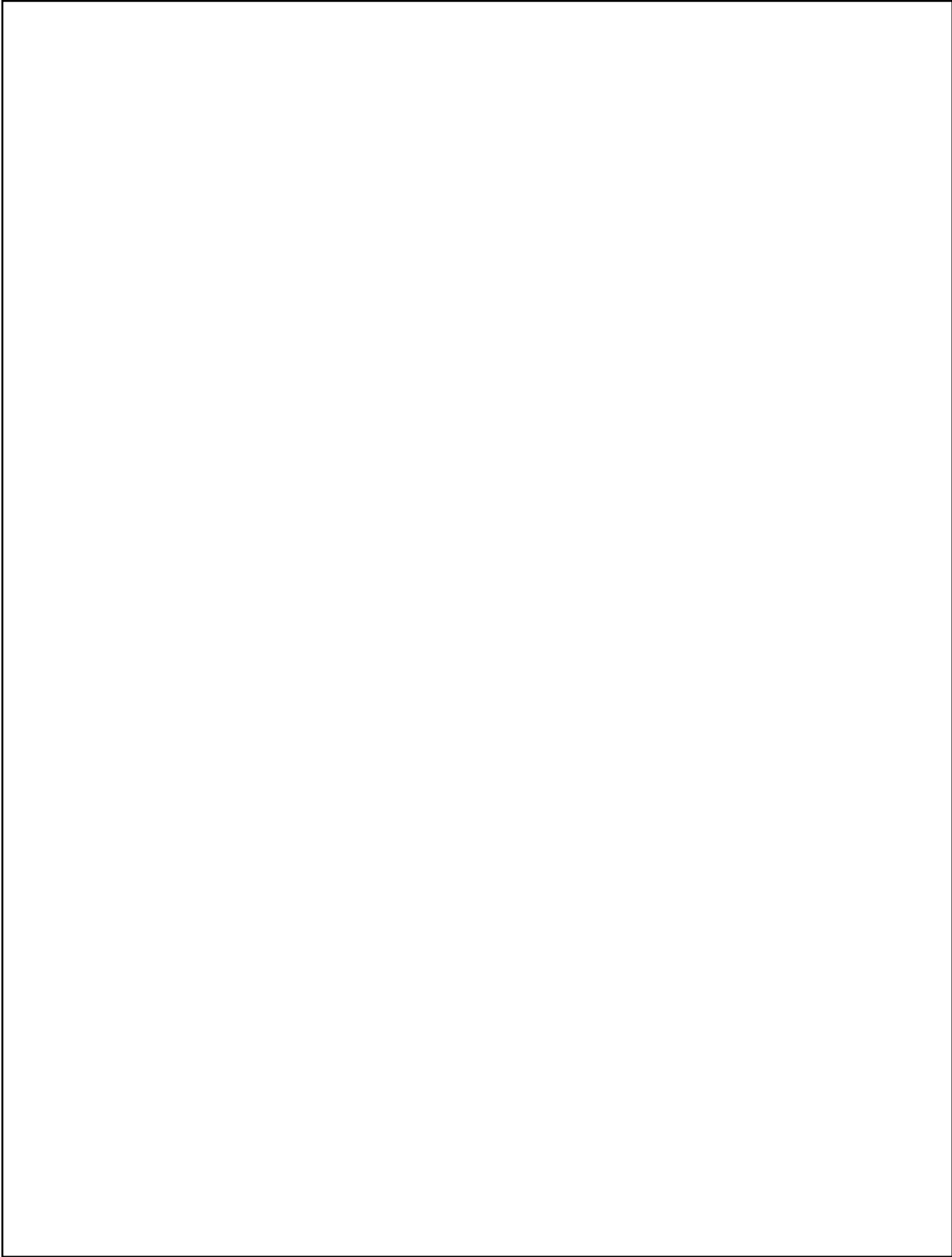
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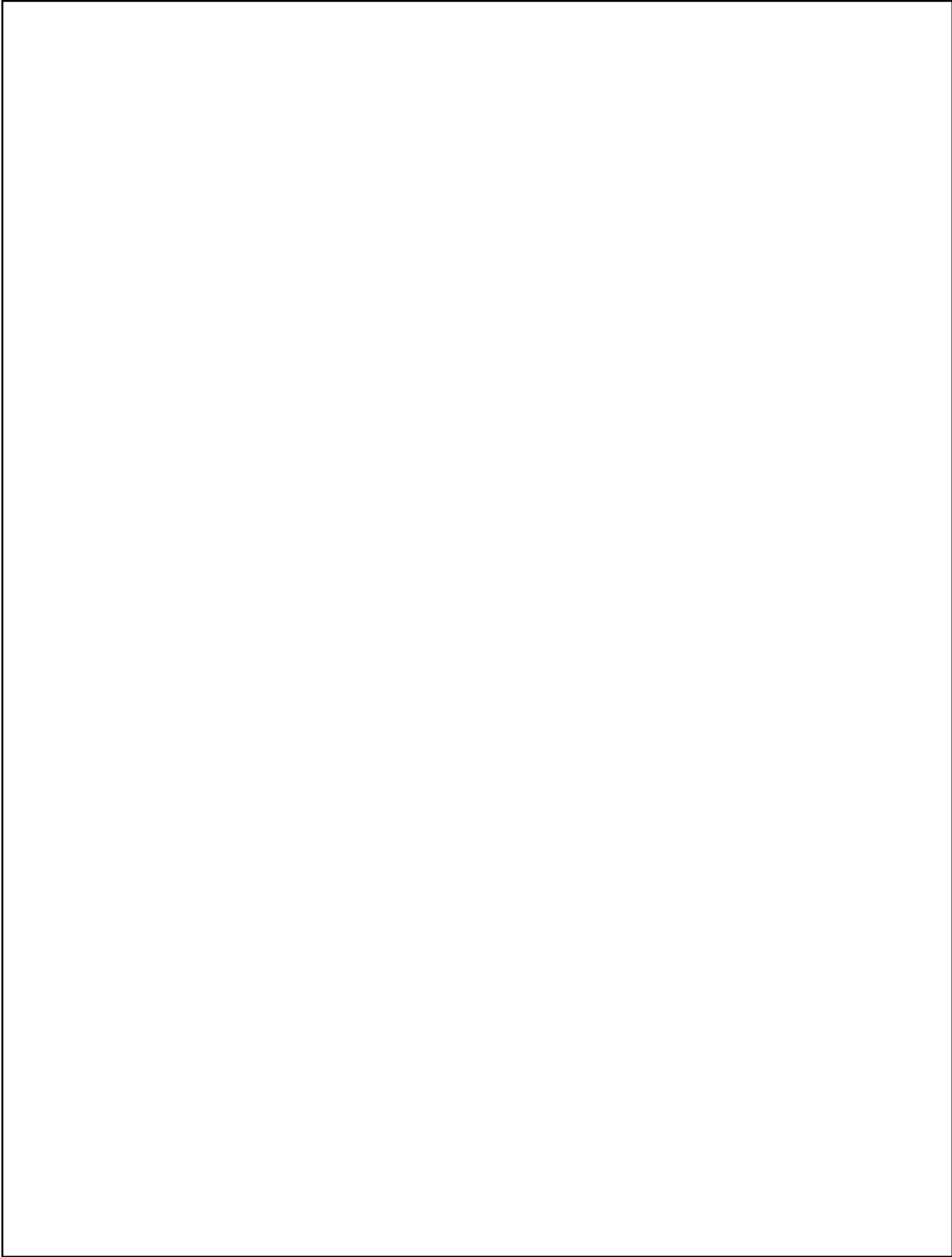
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Introduction

The People



Who are the homeless people living in our midst? We recognize the families who simply can't make ends meet, even though they are working full-time, who, with a little help, could avoid homelessness. We embrace the approximately 4,500 children who are growing up without the basic security of knowing where they will sleep tonight, the simple joy of celebrating a birthday party or the promise of a future that holds more than day-to-day survival. We shelter the abused women trying to reclaim their lives and young people, often victims of sexual abuse or products of dysfunctional families, unable to cope with the stresses that all families know.

We reach out to the almost 1,200 people who are mentally ill, disabled and chronically homeless who virtually live in the homeless system, but still encounter barriers to housing and stability. We honor the approximately 2,000 United States veterans who do not receive sufficient recognition and the unknown number of individuals suffering from HIV/AIDS who have exhausted their resources, yet dream of living in a home where they are accepted and nurtured. And we consider the people released from our correctional institutions, perpetrators of crimes and substance abusers for whom society often has little compassion. It is by our response to them, the seemingly least of our neighbors, that the true measure of our greatness as a community will be judged.

The Vision

This report is based on the work of more than 150 knowledgeable individuals, including people who are currently experiencing homelessness, who met over a period of six months to identify themes and develop recommendations that will serve to inform public policy with the goal of ending homelessness in Maricopa County. While this goal may seem overly ambitious, it is one of which we cannot lose sight. What is the alternative? Do we turn our backs on long-term homeless people living on our streets because we have given up on them? Do we resign ourselves to the reality that families languish in transitional housing because affordable housing is not available? Do we admit that we are not capable of planning for the release of individuals from our correctional facilities as the number of people incarcerated and released into homelessness increases?



The Solutions

The answers to issues such as affordable housing, increased funding for substance abuse treatment and supportive services for mentally ill people



are not simple. As stated in the National Alliance to End Homelessness report “A Plan: Not A Dream,” the more effective the homeless assistance system is in caring for people, the less incentive other systems have to deal with the most troubled people and the more incentive they have to shift the cost of serving them to the homeless assistance system.

This situation must be reversed. Our solutions must focus on prevention as directly as emergency services. As a community, we must reach beyond the remedies we have sometimes relied upon without sufficient evidence of their effectiveness and develop measurable outcomes. We must engage the entire community in the discussion. It will take the wisdom and resources of all sectors to stop the flow of people into shelters and onto the street. It will also take commitment to reverse the devastating effects of homelessness on some of the most vulnerable members of our society.

The Response

We ask that you read this plan and consider your response. The well-being of our community and the lives of many of our neighbors depend on it.

Executive Summary



It is estimated that more than 12,000ⁱ people will experience the effects of homelessness in Maricopa County this year. This Plan identifies themes and specific strategies to prevent homelessness, address the effects of homelessness in our communities and develop the measurements and outcomes that will provide the guidance to achieve these goals. The degree to which we succeed, however, is dependent on the long-term investment of all stakeholders. Each community must reflect on its response, which is ultimately measured by the investment in remedies.

2002 Gaps Analysisⁱⁱⁱ

Investing in prevention, developing skills for self-sufficiency and helping people exit homelessness as quickly as possible holds the promise of saving money on expensive systems of remedial care and positively impacting local businesses and neighborhoods. Although considerable dollars are expended to address homelessness, significant gaps in services exist.

The following information was gathered by the Department of Economic Security for the 2002 HUD McKinney Grant Process and provides the best estimate of need, inventory and gaps in housing and support services.

2002 Gaps Analysis

		Estimated Need	Current Inventory	Unmet need/ Gap
Individuals				
	Emergency Shelter	1451	615	836
Beds	Transitional Housing	2904	1269	1635
	Permanent Supportive Housing	2904	1453	1451
	Total	7259	3337	3922
	Job Training	5444	599	4845
	Case Management	7259	481	6778
Supportive Services	Substance Abuse Treatment	4355	752	3603
	Mental Health Care	5081	158	4923
	Housing Placement	1452	209	1243
	Life Skills Training	6533	474	6059
	Other-Outreach	1815	319	1496
	Other- Health Care	6533	59	6474
	Other-Dental Care	6533	22	6511
Families				
	Emergency Shelter	939	880	59
Beds	Transitional Housing	2581	2239	342
	Permanent Supportive Housing	1173	554	619
	Total	4693	3673	1020
	Job Training	1476	27	1449
	Case Management	1341	402	939
Supportive Services	Child Care	2513	247	2266
	Substance Abuse Treatment	1042	25	1017
	Mental Health Care	868	49	819
	Housing Placement	447	187	260
	Life Skills Training	1476	167	1309
	Other-Health Care	4224	15	4209
	Other-Dental Care	4224	2	4222

Key Themes

Regional Nature of Homelessness

Homelessness is a regional issue. Homeless systems of care that are located in major metropolitan areas often also serve homeless people from the outlying areas. According to the study and inventory of local services conducted by the Collaboration for a New Century², a survey of homeless people found that 35% of the homeless population in the two largest cities in Maricopa County had become homeless in other cities. As stated in the report “Improving the Continuum of Care for Homeless People in Maricopa County,” one of the most significant challenges to continuum of care is obtaining the decentralization of service systems so that people throughout the region can access services within their own communities.

Increase Funding

In order to adequately fund services necessary to end homelessness, a sustainable and dedicated revenue source must be secured. This is to be in addition to those sources currently available for homeless prevention, emergency and transitional shelter and services. Sources to consider include:

- Those related to the service/housing needs that will be addressed.
- Those that generate sufficient funds to make meeting funding goals realistic.
- Those that are attainable.

Significant involvement by and support from all stakeholders will be key to achieving this goal.

Prevent Homelessness

Affordable Housing

Providers in the region identify the lack of affordable housing as a significant cause of homelessness and a barrier to people trying to move out of homelessness. When the door to affordable housing is closed, many families languish in the system. The average annual cost of a shelter bed is \$8,030 per year, which is more than the cost of a federal housing subsidy.⁴ The cost of closing the income gap to sustain housing for an individual working full time for minimum wage is approximately \$300 per month/\$3600 per year—well below the cost of sheltering the same individual.

The true cost of sheltering a family must include the long-term effects on children of low self-esteem, poor nutrition, stress and other variables associated with instability. These costs are incalculable.

This problem is further exacerbated by the high cost of housing in the Valley and the disparity between housing costs and wages. Without sufficient permanent affordable housing, the continuum dead-ends with emergency shelter



and transitional services. If homelessness is to be addressed, significant development of housing units must be a central strategy.

In 2001, the Arizona Department of Housing and HUD combined forces to produce the Arizona Affordable Housing Profile.⁵ In Maricopa County, 116,000 households cannot find housing within their income range. Typically, these households are poor (below 40% of the median income) and are paying more than 30% of their income toward shelter or living in substandard and/or overcrowded conditions. These households are at high risk of experiencing homelessness.

Prerelease Planning

According to a Maricopa County Human Services Campus Report, one of the systemic failures that causes homelessness is inadequate prerelease planning by the corrections system.⁶ As a result, shelters have become an extension of the corrections system. The Central Arizona Shelter System (CASS) estimates that one-third of its clients are released directly to CASS from correctional facilities. Individuals are often released without funds and identification and with no prospects for employment to appropriately reenter society. The result has been an inappropriate shifting of costs from the corrections system to the shelter system, which is incapable of absorbing them.

Remove Barriers to Accessing Services

Ending homelessness will not be realized unless an investment is made in redefining systems of care and removing existing barriers to services. For homeless people, lack of clean clothes, phone, mailing address and documentation can make securing work difficult if not impossible. For a homeless person who suffers from mental illness, compiling the required medical records and completing the application process for public benefits can be insurmountable tasks. For a homeless teen, entry into the school system may be impossible unless trusting relationships can be developed.

Stakeholders, including Department of Corrections, Department of Economic Security, Department of Health Services, state and local housing services, Veterans Affairs, and the Department of Education must share in the initial and on-going investment of time and funding to develop, implement and evaluate new models of service. They must also be willing to be creative, seize opportunities, analyze and disseminate results and make the case for continued innovation and improvement.

Strategies that will improve access to services include:

- Implementation of systems and services integration.
- Reliance on mainstream resources for funding and coordination.
- Innovations such as the Human Services Campus and Day Resource Center.

- Coordinated outreach.
- Inclusion of homeless and formerly homeless people in decisions that affect their lives.
- Involvement of faith communities in outreach and advocacy.

Improve Data Collection and Outcomes

Currently, data collected by individual agencies is not sufficient for countywide planning, since data collection measures and methods vary across agencies. Common program evaluation and data collection systems are needed to provide accurate information on client demographics, services and outcomes achieved in order to better guide planning and program evaluation. In addition, common data systems are essential for cross-agency case management so that services can be coordinated as clients move through the entire continuum.

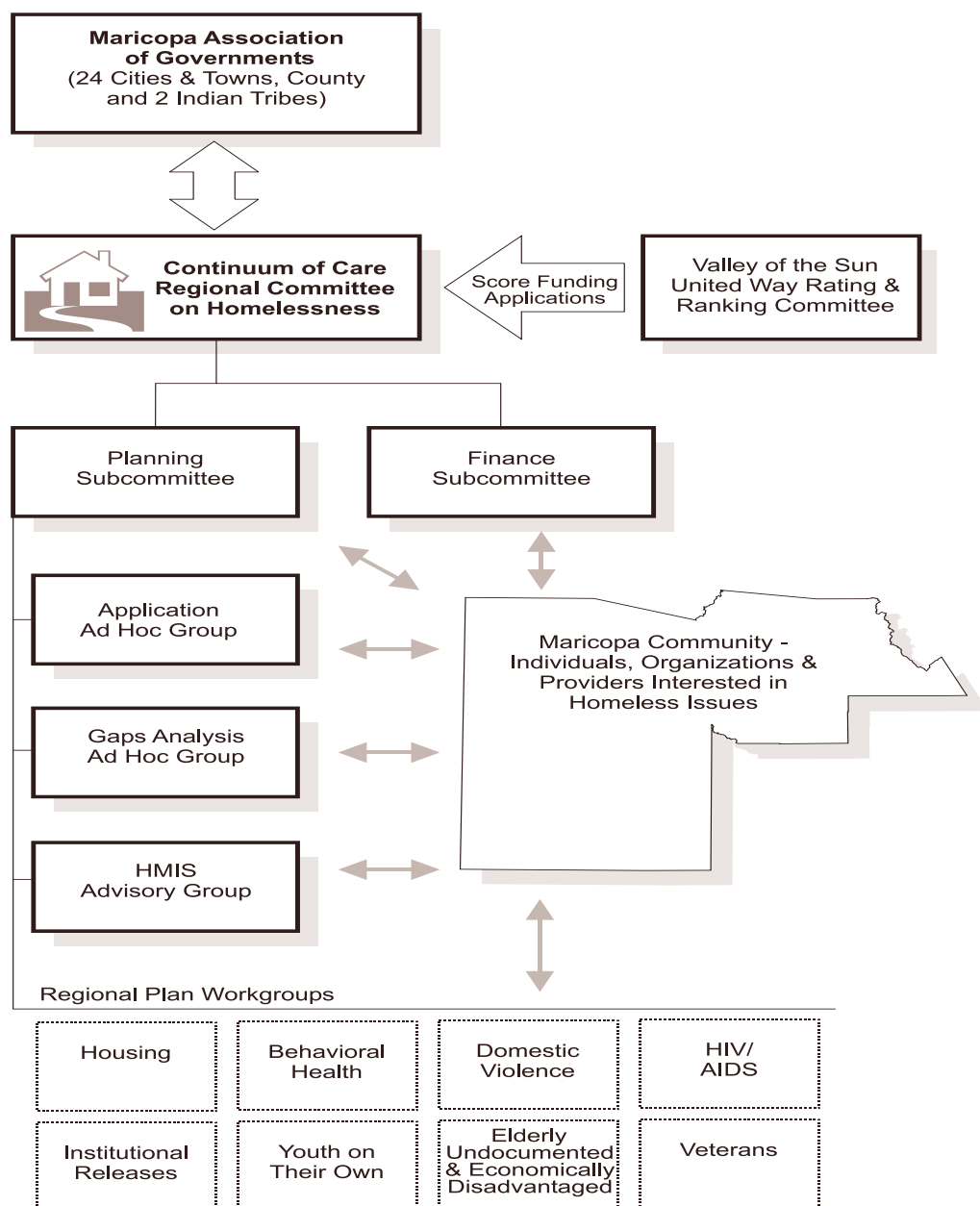


2003 Regional Plan to End Homelessness: Regional Goals

Key Theme	Regional Goal	Target Dates
Increase Funding	Secure a dedicated source of funding for initiatives identified by the Regional Continuum of Care Committee on Homelessness to end homelessness in the region.	December 2006
	Maintain dedicated funding for eviction prevention and affordable housing through the State Housing Trust Fund.	Ongoing
	Increase funding annually for general mental health and substance abuse treatment.	Ongoing
Prevent Homelessness	Increase permanent affordable housing and support services, which target low income and homeless people.	December 2003
	Regionalize permanent affordable housing and support services.	December 2003, on-going
	Secure comprehensive, standardized pre-release planning from corrections system for every releasee.	December 2006
Remove Barriers to Accessing Services	Develop a coordinated system of service provision to move clients into permanent housing through the development of client-centered, comprehensive systems of care.	December 2004
	Incorporate participation of homeless and formerly homeless individuals in client-centered systems of care.	December 2003
	Develop a coordinated outreach effort targeted to chronically homeless individuals utilizing outreach teams.	January 2005
Improve Data Collection/Outcomes	Develop outcome-based homeless project evaluation system.	June 2003
	Quantify the number of homeless people to better inform policy and advocacy efforts.	July 2003

How the Plan Was Developed

Since June 1999, the Regional Continuum of Care Committee on Homelessness has provided the policy direction and leadership on homeless issues in the Maricopa region. The Maricopa Association of Governments has coordinated the activities of the Continuum of Care at the request of the U.S. Department of Housing and Urban Development (HUD). In this capacity, the Committee directs year-round planning for homeless issues, submits a cooperative HUD grant application, convenes issue-oriented subcommittees and work groups and takes a role in improved linkages with other organizations.



Regional Continuum of Care Committee on Homelessness

The Committee meets ten times per year and is the foundation of the planning process. The Regional Committee comprises members representing homeless advocates, city, county and state government, the faith community, neighborhood associations, nonprofit providers, the business community, the education community, private foundations, veterans organizations, the Office of the Governor, and HUD (*ex officio*). Recommendations from the Planning and Finance Subcommittees help to inform the policy of the Committee



Planning Subcommittee

The Planning Subcommittee has hands-on responsibility for working with all stakeholders to develop and recommend to the Regional Continuum of Care Committee the following:

- Regional Plan to End Homelessness and annual update.
- HUD McKinney application funding priorities, project rankings and gaps analysis information.
- HUD mandated Homeless Management Information System.
- Evaluation process for homeless services and programs.

Membership in the Planning Subcommittee is open to all interested persons. Active membership includes representatives from city, county and state government staff, nonprofit homeless service providers, the education community, the business community, the faith community, and neighborhood associations.

Finance Subcommittee

The Finance Subcommittee meets on an as-needed basis and is responsible for identifying sources of funding for homeless programs in addition to HUD McKinney funds and ensuring funding for staffing of the Continuum of Care process. Membership on the Finance Subcommittee includes city and state government, the business community and the Office of the Governor.

Community Planning Process

The 2003 Regional Plan to End Homelessness is the product of a community planning process that was conducted from January through July 2002. Under the leadership of the Regional Continuum of Care Committee, the Planning

Subcommittee convened eight work groups totaling more than 150 community stakeholders. The work groups addressed the following issues:

- Housing
- Behavioral Health
- Domestic Violence
- Elderly, Undocumented and Economically Disadvantaged
- Youth on Their Own
- Veterans
- HIV/AIDS
- Institutional Releases

Regional, local and population specific plans were researched to gather information on existing homeless recommendations. The work groups were then charged with validating existing recommendations, assessing the gaps in policy and services, and developing new recommendations that serve as the basis for the Regional Plan.

Focus Groups

Input from people currently experiencing homelessness was obtained through focus groups conducted at Central Arizona Shelter Services (CASS) and the Another Chance Program. A focus group of youth was held in conjunction with the Youth On Their Own work group and interviews were conducted with homeless veterans through the Salvation Army Project H.O.P.E. Through this process, homeless individuals provided valuable insights regarding their need for programs, services, self-worth and empowerment.

Survey of Homeless Individuals

In 2001, a research project was conducted by the Arizona State University School of Social Work in cooperation with agencies serving the homeless. A total of 130 homeless individuals were interviewed at agency locations or in city parks in coordination with the Salvation Army Project H.O.P.E. outreach program. The study was made possible with the support of a Motorola Great Communities Seed Grant provided by Arizona State University.

Analysis of Best Practices

In 2001, a HUD-funded best practices study (Improving the Continuum of Care for Homeless People in Maricopa County) was completed on behalf of the Maricopa Regional Continuum of Care Committee on Homelessness. The report looks at best practices in eight topic areas, including comprehensive service programs, permanent affordable housing, systems of care, prevention through effective discharge planning, systems of care for vulnerable populations, mainstreaming, homeless management information systems, and funding.



Key Themes

- A. Increase Funding
- B. Prevent Homelessness
- C. Remove Barriers To Accessing Services
- D. Improve Data Collection/ Outcomes

Key Theme: Increase Funding

Based on the results of the planning work groups, research of best practices, and input from experts and people directly affected by homelessness, the Plan identifies key themes and specific strategies to end homelessness in Maricopa County.

Increase Funding

A review of the Consolidated Annual Reports (CAPERs), reveals that a significant amount of federal, state, local and private sector money is expended to address homelessness. Funds are committed to existing housing and services that have not been able to stem the increase in homelessness throughout the county. In fact, many of the sources of funding for housing and services have been reduced significantly in the past year due to the state budget crisis. Additional cuts are anticipated. These reductions in funding not only eliminate the possibility of new programs being funded, but jeopardize existing ones.

Dedicated Source of Local Funding

Investing in prevention, developing skills for self-sufficiency and helping people to exit homelessness as quickly as possible hold the promise of saving money on expensive systems of remedial care and positively impacting local businesses and neighborhoods. The community must identify a sustainable and dedicated revenue source to adequately fund services necessary to end homelessness. This is to be in addition to those sources currently available for homeless prevention, shelter and services. Sources to consider include:

- Those related to the service/housing needs that will be addressed.
- Those that generate sufficient funds to make meeting funding goals realistic.
- Those that are attainable.

Significant involvement by and support from the business community will be key to achieving this goal.

In the spring of 2002, the Regional Continuum of Care Committee on Homelessness adopted a resolution encouraging cities and towns to identify a dedicated source of funding for initiatives generated by the Regional Continuum of Care through the regional homeless planning process. The League of Arizona Cities and Towns adopted the resolution at its August 2002 meeting. The Regional Continuum of Care Committee on Homelessness is committed to pursuing a dedicated source of funding to finance initiatives that will prevent homelessness, and provide permanent affordable housing and supportive services.

Housing Trust Fund

The Arizona Housing Trust Fund (HTF) was established in 1988 by the Arizona State Legislature. The HTF provides a flexible funding source designed to assist local governments and other organizations in providing affordable housing, and is available to fund projects or programs that are not statutorily fundable with federal dollars. It is the best source to utilize for projects that do not lend themselves well to the confines of federal regulations.

The fund is dedicated to eviction prevention, the development of affordable housing for at-risk and homeless families and individuals, and limited funding for emergency services. In an effort to balance the state budget, there is a possibility that legislators will shift funds from the HTF, adding to the homeless crisis throughout the state. The Regional Continuum of Care calls on the legislature to protect this source of funding, which is a critical resource for ending homelessness in the region.

General Mental Health and Substance Abuse

Addressing the needs of the homeless population with addiction and mental health issues is a high priority for the Regional Continuum of Care on Homelessness.

As documented in the Joint Legislative Committee on Homelessness Substance Abuse and Mental Health Subcommittee Report, substance abuse funding from state and federal sources is inadequate to address the needs of this populace. Based on a 1999 survey, 34% of the adults in families and 73% of individuals were believed to have substance abuse issues. In 1999, the Maricopa area had a total of 32 publicly funded detoxification beds and the number of residential treatment beds has been decreasing due to a lack of adequate funding.

The National Coalition for the Homeless estimates that 20-25% of the single adult homeless population suffers from severe and persistent mental illness. Mental disorders prevent people from carrying out essential aspects of daily life, remain homeless for longer periods of time and have less contact with family and friends. Findings from the Federal Task Force on Homelessness and Severe Mental Illness reveal that persons with mental disorders and addictive disorders share many of the same treatment needs including carefully designed client engagement and case management, housing options and long term follow-up and support services.⁷





Regional Goals: Increase Funding

- *Secure a dedicated source of funding for initiatives identified by the Regional Continuum of Care Committee on Homelessness to end homelessness in the region.*
- *Maintain dedicated funding for affordable housing through the State Housing Trust Fund.*
- *Increase funding annually for general mental health and substance abuse treatment.*

Community Strategies: Increase Funding

- *Identify and secure funding for permanent and affordable housing and support services such as rental subsidies, childcare subsidies and job training in order to prevent homelessness and facilitate movement into housing.*
- *Advocate for the protection of the State Housing Trust Fund from state budget cuts.*
- *Advocate for an increase in funding for substance abuse and general mental health services and treatment, including outpatient, residential treatment, aftercare and appropriate “wraps” in the community in order to provide for services on-demand.*
- *Support request made by ADHS for approximately \$100 million to complete the terms of exit criteria in the Arnold vs. Sarn stipulation.*

Key Theme: Prevent Homelessness

Due to the increased urbanization of metropolitan cities and the subsequent increase in population, many challenges are regional in nature. Homelessness is one of those challenges. Twenty years ago, widespread homelessness did not exist in Maricopa County. While the seeds of homelessness were planted in the 1960s and 1970s with de-institutionalization of mentally ill people and loss of affordable housing, widespread homelessness did not emerge in the Maricopa County area until the early 1980s.

Several factors have affected the growth of homelessness over the last two decades: 1) affordable housing has become more scarce for those with limited funds, 2) employment and benefits earnings have not kept pace with the cost of housing, especially for those with low incomes, 3) services, including health care and quality child care, that families need for support and stability have become harder to afford or find.

In addition to the systemic causes, social changes have exacerbated the personal problems of many poor people, leading them to be more vulnerable to homelessness. These social trends have included new kinds of illegal drugs, more single parent and teen-headed households with low earning power, and thinning support networks.

Many providers identify the lack of affordable housing as both a cause of homelessness and a barrier to people trying to move out of homelessness. This problem is further exacerbated by the disparity between housing costs and wages.⁸ Without sufficient permanent affordable housing, the continuum dead-ends with emergency shelter and transitional services.

Affordable Housing Shortage

The Arizona Affordable Housing Profile⁹ provides a detailed examination of the housing inventory of every community throughout the state. ***In Maricopa County, 108,000 households cannot find housing within their income range. Typically, these households are very low income (below 40% of the median income) and are paying more than 30% of their income toward shelter or living in substandard and/or overcrowded conditions.*** The report concludes that the lowest income households have the most immediate and serious housing needs and require the deepest housing subsidies.

The Self-Sufficiency Standard for Arizona¹⁰ details the earnings parents need to cover basic expenses without public or private subsidies. This means no savings or money for small treats like a movie or pizza. For example, a single mother in Phoenix must earn \$19.01 per hour to cover basic needs. Parents in Scottsdale each need to earn \$11.68 per hour to support their infant or



preschool child. Of the top 50 occupations in Arizona employing the most people, only eight pay median wages over \$15.00 per hour; 20 pay median wages less than \$10 per hour.

Arizona Housing Affordability by Income Level
(Based on 30 Percent of Income)

	Income or Wage Level	Maximum Monthly Affordable Housing Expense
State Median Household Income	\$42,192	\$1,054
*Services Job Sector (Avg. Wage)	\$31,021	\$776
**Livable Wage (2 Persons)	\$30,776	\$769
Minimum Wage (2 Workers)	\$21,424	\$536
*Retail Trade Job Sector (Avg. Wage)	\$19,240	\$481
***Federal Poverty Level (3 Persons)	\$15,020	\$375
Minimum Wage (1 Worker)	\$10,712	\$268

*Jobs in the services and retail trade sectors represent half of Arizona's workforce.

**Livable wage means the amount of income needed for a family of two in Phoenix and Mesa to meet basic necessities as calculated by the Self-Sufficiency Standard for Arizona. Costs are higher in Scottsdale, Chandler and Tempe.

***2002 HHS Poverty Guidelines.

NOTE: Year 2000 State Median Household Income estimate from CACI Marketing Systems.

The implications are grave. Individuals and families who earn a low wage and paying more than 30% of their income toward shelter are likely at high risk of experiencing homelessness. These households must frequently choose between paying the rent and purchasing necessities like food and medicine. A survey of homeless individuals conducted by the ASU School of Social Work reveals that the majority of homeless individuals have not graduated from high school. Their earning prospects are poor. The likelihood that they will be able to secure affordable housing is just as poor.



If homelessness is to be addressed in Maricopa County, significant development of affordable housing units for very low-income households must be a central strategy. Furthermore, because the affordability gap is manifest in every municipality¹¹, each community must consider its commitment to closing the gap. In fact, closing the affordability gap for very poor households will benefit the broader community. As stated by Sheila Crowley, President of the National Low Income Housing Coalition, in her Congressional testimony:

“Expansion of housing stock that the lowest income households can afford will not only expand their housing options and reduce their housing cost burdens, it will cause the number of available units affordable for higher income households to increase at the same time.”

Permanent Supportive Housing

Without permanent housing as an end goal, the entire Continuum of Care ceases to function as a dynamic system moving people toward stability and self-sufficiency. Instead, the system becomes a warehouse for people. The only lasting solution to homelessness is access to housing that is affordable and, for certain populations, linked to necessary support services. Permanent supportive housing - independent housing linked to comprehensive social, health and employment services - has proven to be very effective in enabling people with chronic disabilities to obtain and maintain housing.¹²

It is estimated that 1,200 (10%) of the people who experience homelessness in Maricopa County are chronically homeless. These individuals have experienced homelessness for extended periods of time and many suffer from mental illness and substance abuse. Although these individuals make up a very small percentage of the homeless population, it is estimated that they consume more than 50% of homeless resources.¹³

Results from a landmark study by researchers at the University of Pennsylvania show that not only is it more compassionate to house people who are mentally ill, the costs of housing and support services are not much more than the costs of shelter and emergency services. Dr. Dennis P. Culhane, lead author of the study, states “Policy makers could substantially reduce homelessness for a large and visible segment of the homeless population, often considered beyond the reach of the social welfare safety net, at no or modest cost to the public.”¹⁴

The study’s central findings include:

- On average, a mentally ill homeless person utilizes \$40,500 worth of publicly funded services annually.
- Supportive housing provides major reductions in costs incurred by homeless mentally ill people across service systems. On average, the cost of supportive services to assist a mentally ill person in maintaining housing is \$16,282 annually. Reductions in incarcerations, hospitalizations and shelter use pay for 95% of the cost of housing.
- The net cost of ending homelessness for this population is negligible. In other words, it costs essentially the same amount to house people as it does to leave them homeless.

One effective supportive housing model uses integrated service teams that visit housing sites providing residents with physical and mental health, substance abuse, social and vocational services. The effectiveness of linking housing with integrated service teams is evidenced in a study that tracked how often the residents of two very low-income supportive housing projects in



the poorest community in San Francisco accessed inpatient, emergency and psychiatric care at San Francisco General Hospital ¹⁵:

- Use of emergency rooms by 204 people fell by 58 percent.
- Use of hospital inpatient beds by 132 people fell by 57 percent.
- Use of residential mental health programs by 95 people virtually disappeared.
- Hospital emergency room costs dropped by 47 percent.

Housing First Model

For individuals with substance abuse issues who are in transitional housing, relapse often results in eviction. When an individual is prepared to reenter housing, barriers to access are numerous, including lack of income and community support.

The “housing first” model removes a significant barrier to both obtaining and sustaining housing. This model provides housing to homeless people who are not deemed “housing ready” and provides supportive “wrap-around” services to maintain housing. Statistics show that homeless persons suffering from substance and mental health disorders access services more frequently in a “housing first” model. ¹⁶

Note: As of October 2002, the primary provider of housing for the seriously mentally ill homeless population in Maricopa County reports a waiting list of 1,150 persons. It is important to note that the list accounts for only those homeless individuals who have been diagnosed as seriously mentally ill. Countless more persons experiencing the debilitating effects of depression, post-traumatic stress disorder and addiction do not qualify for the waiting list because they do not meet the clinical criteria for SMI diagnosis.

Housing Sustainability

Of the 108,000 households in Maricopa County that are paying more than 30 percent of their income for housing or that live in substandard conditions, most earn less than \$21,627 annually. An individual working full-time at minimum wage earns only \$10,712 annually. Considering that the monthly cost of housing for one adult in Mesa or Phoenix averages \$605 per month, many households are faced with paying more than 65 percent of their income for housing. This percentage increases in communities such as Chandler and Tempe where housing costs are higher. ¹⁷

Family units are the fastest growing segment of the homeless population.¹⁸ About half of the individuals who experience homelessness over the course of a year live in family units.¹⁹ They report that their major needs are securing

a job, finding affordable housing and financial help to pay for housing. In Maricopa County alone, more than 4,500 children are estimated to experience homelessness during the year.

What is the cost to society of sheltering a homeless family? The average annual cost of a shelter bed is \$8,067, which is more than the cost of a federal housing subsidy (HUD Office of Policy Development and Research). Because the door to affordable housing is closed, however, many families languish in the system. The true cost of sheltering a family, therefore, must include the long-term effects on children of low self-esteem, poor nutrition, stress and other variables associated with instability. These costs are incalculable.

Housing Types

The U.S. Department of Housing and Urban Development estimates the cost of developing a standard rental unit at \$45,000 and a low-cost home at \$92,000. New development is only one strategy that is available to local communities. The Arizona Multifamily Housing Association estimates a current vacancy rate between 10% and 15% of rental units. While the majority of these units may not be affordable to the lowest income households, units can be made affordable through a combination of rental subsidies and new development, including single room occupancy units.

Corrections Discharge Planning

Due to a lack of discharge planning from prisons and jails, shelters have become an extension of the corrections system. The Draft 2001 Summary of the Maricopa County Human Services Campus Report, prepared by Urban Design, states that the inappropriate corrections policy that fails to accommodate reintegration factors is one of the systemic failures that causes homelessness.²⁰ In fact, individuals are often released without funds and identification and with no prospects for employment to appropriately reenter society. The result has been a shifting of costs and responsibilities from the corrections system to the shelter system, which is incapable of absorbing such a burden.

According to a 1996 homeless survey cited in the Maricopa Association of Governments, "A Regional Plan to End Homelessness in the Valley of the Sun", 41% of the 340 respondents had at least one conviction for a misdemeanor in the past and 17% had two or more convictions. Felony convictions were reported by 21%²¹ of respondents. Persons released from prisons and jails are often taken to shelters, most frequently CASS, as a destination upon release. CASS estimates that in 2001, one-third of its clients were released directly to CASS from correctional facilities.

In order to relieve the shelter system of this burden, action steps for effective discharge planning must be implemented. Implementation of individualized needs assessment, including housing, employment and support services, government agency coordination and monitoring of the process, and outcomes measurements are some of the first steps.

Regional Goals: Prevent Homelessness

- *Increase permanent affordable housing and support services, which target low income and homeless people.*
- *Regionalize permanent affordable housing and support services.*
- *Secure comprehensive, standardized pre-release planning from corrections system for every releasee.*

Community Strategies: Prevent Homelessness



- *By April 30, 2003, the Housing Work Group of the Regional Continuum of Care Committee on Homelessness will further investigate the need, identify resources, and identify the number of affordable housing units that will be developed within the next five years.*
- *Advocate for and provide technical assistance to develop “housing first” approach with support services as needed.*
- *Support the National Housing Trust Fund production legislation.*
- *Advocate for and support housing counseling programs for landlords and tenants that instruct landlords regarding available resources and issues specific to homeless people, and that help homeless people develop the skills to become successful tenants.*
- *Conduct a countywide study to provide local governments with critical information for evaluation. The study should assess regulatory barriers (i.e. impact fees, development fees, building codes, land use control, zoning, permits, taxes, land, infrastructure, financing, employment, community attitudes, crime, etc.) and offer best practices that can result in the removal of barriers and increase affordability.*
- *Support social marketing campaign to educate the public on the issue of homelessness and its relationship to other issues important to our quality of life, including economic development, health care and a safe and healthy environment for kids. The campaign should be thoughtful and*

focused on the collection of key information on current attitudes, beliefs and obstacles, as well as presenting a pro-social image.

- *Advocate for HUD and Congressional delegates to increase the number of Section 8 Housing Choice Vouchers made available for Arizona.*
- *Advocate housing for people with immediate or past criminal records by: 1) identifying and developing relationships with housing managers and developers who will accept tenants with criminal histories, 2) identifying affordable housing vacancies, 3) increasing affordable permanent and transitional housing and supportive services for releases.*
- *Work with the Arizona Coalition to End Homelessness to inform stakeholders (including homeless and formerly homeless people providers and advocates) of advocacy opportunities and enable them to participate in advocacy efforts through training, networking and tracking outcomes.*
- *Review crime free housing policies to determine if they contribute to homelessness and advocate for policy changes if they do.*
- *Convene regular meetings of stakeholders to assess progress and provide oversight to prevent released offenders from becoming homeless.*
- *Obtain support from legal and veterans' organizations to identify veterans in prison and jails who may benefit from pre-release planning in an effort to prevent homelessness and recidivism.*

Key Theme: Remove Barriers To Accessing Services



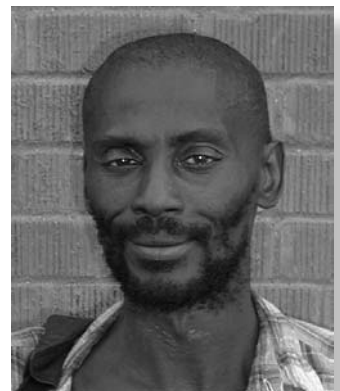
Experience has shown that without integrated systems at the administrative and client levels, homeless individuals tend to cycle through the system without making gains toward long-term housing stability.²² While most homeless families get themselves back into housing quickly after they become homeless, services delivered in the homeless system seem to have little effect on the eventual stability of these families in housing.²³ This lack of progress toward stability testifies to the often fragmented service delivery system and lack of participation by larger entities whose policies significantly contribute to homelessness.

Many homeless people suffer from chronic health conditions, mental illness and drug or alcohol addictions. Unfortunately, the homeless, health and substance abuse systems have not effectively served clients with multiple needs. Compared to the general population, homeless people have significantly higher rates of many acute and chronic illnesses, including HIV/AIDS, which are exacerbated by malnutrition, substance abuse, injuries, and increased risk of communicable diseases.²⁴ As cited in both the Best Practices Report and the Draft Summary of the Maricopa County Human Services Report, the region lacks sufficient mental health and substance abuse treatment to meet the current level of need.²⁵

Changes at both the client and administrative levels must be implemented in order to achieve desired results. Efforts such as State Planning to Address Homelessness (SPAH) convened by the Department of Economic Security are commendable and have resulted in improved communication across state agencies. As noted in the National Symposium on Homelessness Research report “What Do We Know About Systems Integration and Homelessness,” however, commitment to change without resources is not enough. Efforts will not positively impact outcomes unless integrated services are funded at a level to meet client needs.²⁶

Coordinated Systems of Care

Mainstream programs work against homeless individuals and families who attempt to negotiate these systems. Homelessness is often a function of mainstream systems’ inability to deal with issues such as lack of an address and telephone, illiteracy, loss of documentation, and incomplete medical records. For homeless people already beset with crises, navigating the system becomes yet another obstacle to stability.



A major barrier to eliminating homelessness is the lack of accountability required of mainstream programs for serving homeless people. The findings in a July 2002 report by the General Accounting Office entitled “Homelessness, Barriers to Using Mainstream Programs,” include strategies to improve homeless people’s access to and use of mainstream programs such as foodstamps, Medicaid, Supplemental Security Income (SSI) and veterans benefits.²⁷ The strategies include:

- Mainstream programs need to conduct greater outreach to homeless people, such as sending program staff to shelters, soup kitchens and other locations where homeless people congregate.
- Mainstream programs need to be more accountable for adequately serving homeless people by, for example, encouraging programs to track the number and outcomes of the homeless people they serve.
- The process of applying for federal assistance should be made easier through, for example, efforts that allow people who need assistance, including homeless people, to apply for several programs simultaneously.
- A better system of incentives is needed to help ensure that mainstream programs adequately serve homeless people by, for example, making certain that the cost of serving this population does not become a disincentive for providing them with adequate services.

The development of regional integrated systems and multidisciplinary teams with the goal of coordinating services for chronically homeless people is essential to end homelessness. As stated in the report “Creating Integrated Service Systems for People with Co-Occurring Disorders Diverted from the Criminal Justice Systems”, systems integration can best be described as sharing client information, resources and planning in order to address the multiple problems often experienced by homeless individuals and families, including lack of and barriers to, service²⁸. This, along with findings reported by the National Symposium on Homeless Research, provide characteristics of an integrated homeless system and services approach:

- *Provides leadership with a commitment to collaboration, innovation and vision that transcends organizations.*
- *Focuses on both services and systems integration.*
- *Uses multidisciplinary teams to plan services, coordinated case management and treatment, and movement of clients across the traditional lines of service delivery.*
- *Shares information about programs and systems,*
- *Blends or shares resources of multiple systems to meet the individual needs of homeless people, configures responses that are shared by multiple systems and maximizes resources available. A suggested tactic*



is identifying one-time funds, staff time and space that can be redirected by stakeholders for use by multidisciplinary teams in this effort.

- *Includes paid staff whose time is dedicated to these activities, with the capacity to bring key players to the table and to keep them there.*
- *Promotes or incorporates strategic planning and outcome-based evaluation.*

An end to homelessness will not be realized unless an investment is made in redefining systems of care and removing existing barriers to services. Stakeholders must share in the initial and ongoing investment of time and funding to develop, implement and evaluate new models of service. They must also be willing to be creative, seize opportunities, analyze and disseminate results, and make the case for continued innovation and improvement.

Outreach



The barriers to ending chronic homelessness are significant, yet can be overcome if communities are committed to identifying and addressing the causes of homelessness and the needs of homeless people. Outreach can provide the continuity and stability that is required to engender trust. As with other services, outreach teams must coordinate their efforts, strategize and plan jointly, share information, and coordinate responses with the ultimate goal of accessing permanent affordable housing and the necessary supportive services for this population. Most importantly, the outreach teams must be a fundamental component of the *multidisciplinary* teams that are necessary for an integrated services approach.

Many chronically homeless people suffer from mental illness and substance abuse; the development of trusting relationships can take years. The number of chronically homeless individuals exceeds the number of outreach staff available to help them achieve more stable lifestyles. In order to bridge this gap, volunteers, including members of faith communities, students, business and neighborhood organizations, need to be recruited and trained by skilled outreach teams to assist with this effort.

Most importantly, chronically homeless people must be viewed as valuable members of society with special needs. Services must be geared toward stabilization and permanent housing, rather than warehousing. Expanded and intensified outreach, multidisciplinary service teams and innovative approaches such as the “housing first” model will have a positive impact on reducing the incidence of homelessness for people with multiple problems who have been homeless for significant periods of time. Outreach is a first and necessary step in this process.

Empowering Homeless and Formerly Homeless People

Current and formerly homeless people should be involved in all stages of planning and implementing services. The dreams and goals of homeless people are modest and in common with the housed population. In a 2001 survey conducted by the Arizona State University School of Social Work, 81% of the 130 homeless individuals interviewed responded that they saw themselves living independently within six months and 92% responded that they saw themselves living independently in five years²⁹.

Many homeless people, however, possess neither the financial nor the personal resources to achieve their goals. The most frequent reason given for homelessness was unemployment at 32%, followed by drug and alcohol abuse at 17%. The reported average monthly income of those interviewed was only \$250. The gap between the aspirations and reality experienced by homeless people can seem like a chasm. As reported in “The Homeless Families Program: A Summary of Key Findings,” services delivered in the homeless system seem to have little effect on the eventual stability of these families in housing.³⁰

Both qualitative and quantitative data are needed to evaluate the effectiveness of programs and services. Homeless people themselves can provide valuable information. Inviting homeless people to participate provides opportunities to exercise and develop skills and contribute to the community. Strategies include participating on advisory boards, tenant councils, focus groups, activity planning groups, and the Regional Continuum of Care Committee on Homelessness.

Human Services Campus

The Human Services Campus in downtown Phoenix, scheduled to be operational in the fall of 2004, is considered by the Regional Continuum of Care to be an integral part of a comprehensive service delivery system. The Campus includes the following major service providers:

- Central Arizona Shelter Services
- Society of St. Vincent de Paul
- Maricopa County Healthcare for the Homeless
- Northwest Organization for Voluntary Alternatives (NOVA) Safe Haven
- St. Joseph the Worker

Another provider, Andre House, will not be an anchor tenant, but is very involved in the program development for the Human Services Campus.



The mission of the Human Services Campus is to deliver high-quality human services and provide leadership and innovative solutions to help break the cycle of homelessness and poverty through collaboration among faith-based, governmental, nonprofit, private, and community organizations.

The Campus will be bordered by Jackson and Harrison Streets and 9th and 12th Avenues in downtown Phoenix. Land has been acquired from the City of Phoenix, the County, and private owners in order to complete the site plan. The facility will provide the space necessary for each provider to serve its clients with dignity and respect. It will also allow space for nonresident agencies to serve special needs of the population such as mental health and drug abuse.

Due to the unique partnerships involved and spectrum of services provided in one location, the Human Services Campus is a unique concept. It will complement community efforts to address homelessness by providing new models of service delivery, encouraging collaboration and introducing best practices in the field. Although the Human Services Campus is an integral part of the homeless services system, the Campus is not the answer to homelessness.

Communities must evaluate the extent of homelessness, its root causes and appropriate interventions within their own borders. In addition to serving as a regional model, the Campus can share successes, innovations and challenges in order to inform public policy. No one community can absorb the costs of homelessness for an entire region. Ultimately, communities must share in this responsibility and contribute to the resolution.

Day Resource Center

The most innovative service enhancement on the Human Services Campus will be the Day Resource Center, which reflects the collaborative nature of the project. The Center will serve as a highly visible focal point integrating the expertise and efforts of multiple public and private organizations. This unique collaboration will not only expand services to meet the varied needs of the target population, but will also address systemic issues that reach beyond the boundaries of the Campus.

The Day Resource Center will focus on three objectives:

- Provide a safe place for homeless people during the day.
- Engage the homeless population that has been reluctant to participate in formal service provision.
- Provide a location for agencies other than the primary campus tenants to collaborate and offer their services.

Once homeless individuals are engaged, their needs will be addressed using a client-centered team comprised of individuals from multiple disciplines and agencies. Rather than referring the client from agency to agency to another, this team of providers will bring the necessary resources to the client. Coordinated services to be offered at the Day Resource Center include:

- Targeted outreach (mental health, youth, veterans)
- Case management
- Dayroom programming and engagement
- Behavioral health screening
- Postal services
- Phones
- Restrooms/lockers
- Legal assistance
- Veteran health care
- Adult probation/parole services
- Education, Training & Employment Center (e*TEC).

Alternative Shelter

As any home or business owner, worker, or visitor to a downtown area can testify, there is a portion of the homeless population that does not enter shelter. The reasons for this behavior can be complex, including mental illness and substance abuse addictions that serve as barriers to accessing care.

Persons suffering from mental illness, substance abuse and isolation often do not access shelter because it is overwhelming, perceived to be overly structured or intimidating. Alternative shelter (also known as low-demand or low-risk) is less structured and allows for a homeless person (generally chronically homeless) to access a safe and clean bed for the night with few or no barriers to entry. In alternative shelter settings, shelter staff can engage individuals and work toward developing trusting relationships, which is a necessary step on the road to a stable lifestyle.

In all communities, development of emergency shelter is a much debated policy issue. Communities are frequently intolerant of homeless people who do not access shelter. In many areas, shelter is not available. Without emergency and alternative shelter, however, homeless people with special needs have few options other than the streets. The choice is ours.



Regional Goals: Remove Barriers

- *Develop a coordinated system of service provision to move clients into permanent housing through the development of client-centered comprehensive systems of care.*
- *Incorporate participation of homeless and formerly homeless individuals in client-centered systems of care.*
- *Develop a coordinated outreach effort targeted to chronically homeless individuals utilizing outreach teams.*



Community Strategies: Remove Barriers

- *Pilot client-centered service integration case management model on the Human Services Campus, including intensive outreach and linkages to mainstream resources.*
- *Develop linkages between homeless and domestic violence shelter programs for the purpose of educating and training homeless shelter staff specific to domestic violence.*
- *Incorporate an HIV/AIDS health testing and education component in shelters and clinics: 1) educate clients regarding services available, and 2) outreach to homeless persons infected with HIV/AIDS through the Human Services Campus Day Resource Center, coordinate with providers on the Human Services Campus to disseminate information and explore option of having staff from HIV/AIDS agencies on-site.*
- *Advocate for respite beds for persons released from the hospital but require care, including those who are undocumented.*
- *Develop better linkages, communication and collaboration between stakeholders (i.e. service providers, youth, school districts, parents, faith-based organizations) to maximize coordination of existing services for homeless youth.*
- *Expand and empower Homeless Veterans Coalition (government, veterans services agencies, and service providers) to maximize coordination and effectiveness of veterans' services, develop reference materials (print) to distribute to homeless veterans and advocate for housing and services for homeless veterans.*

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| <ul style="list-style-type: none">➤ <i>Work with outreach teams to develop a coordinated outreach effort targeted to chronically homeless individuals, with special emphasis on the elderly and veterans who are likely to be eligible for SSI and veterans benefits.</i>➤ <i>Advocate for scattered site low demand shelters throughout the region.</i>➤ <i>Increase participation of homeless and formerly homeless individuals on advisory boards, tenant councils, focus groups, activity planning groups, and the Regional Continuum of Care Committee on Homelessness.</i>➤ <i>Advocate for the development of a drop-in center and services for people who are undocumented. Identify extent of the issue, funding streams, and barriers to people accessing services (language, fear, cultural sensitivity).</i>➤ <i>Advocate for intensive aftercare in order to ease transitions for people existing emergency and transitional shelters.</i> | |
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Key Theme: Data Collection/Outcomes

Planning and Evaluation



A Homeless Management Information System (HMIS) is an important planning and evaluation tool for the Continuum of Care. Information provided by an HMIS includes accurate data on the size and demographics of the homeless population, inventory of available services, housing and client outcomes. Ultimately, an HMIS will facilitate information sharing and collaboration among agencies.

Currently, data collection measures and methods vary across agencies and are not sufficient for countywide planning. A common data collection system is needed to provide accurate information on clients, services provided and outcomes achieved. This will facilitate better planning and program evaluation. Common data is essential to build capacity for shared case management in order to develop client centered systems.³¹

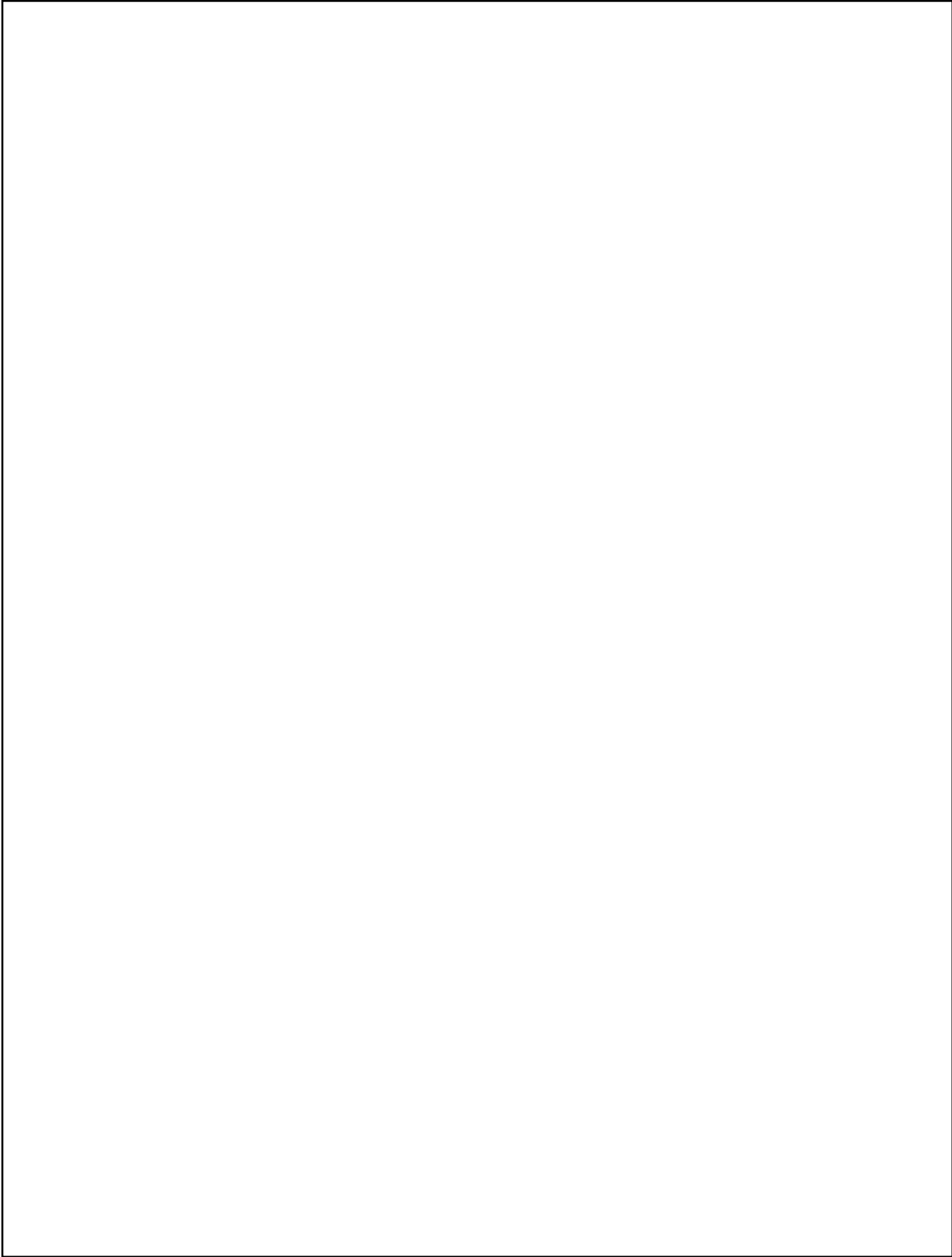
On-going evaluation of programs that serve homeless individuals and families is also necessary in order to assess the extent to which desired outcomes are being achieved. To this end, a homeless project evaluation system would provide a process, methodology and criteria for assessing the quality of new and existing homeless projects.

Regional Goals: Data Collection

- *Develop outcome-based homeless project evaluation system.*
- *Quantify the number of homeless people to better inform policy and advocacy efforts.*

Community Strategies: Data Collection

- *Obtain technical assistance grant from HUD to develop outcome-based homeless project evaluation system.*
- *Assess the scope, criteria, staffing and funding needs of outcome-based homeless project evaluation system.*
- *Research national best practices.*
- *Conduct a comprehensive street count of homeless people in conjunction with the state survey of homeless services in February 2003 and every three years thereafter. Engage cities in the street count of homeless people through police departments, service providers and human services personnel. Engagement will include a coordinated meeting in the fall of 2002 and technical assistance training in the winter of 2002.*



Appendix A: Community Strategies by Subpopulation



In 2001, the Planning Subcommittee of the Regional Continuum of Care Committee on Homelessness determined that the planning process should begin with a focus on the characteristics and needs of specific homeless subpopulations. Eight work groups were formed to review the needs and analyze the gaps in housing and services for homeless subpopulations. The work groups included:

- *Housing*
- *HIV/AIDS*
- *Veterans*
- *Domestic Violence*
- *Institutional Releases*
- *Elderly/Undocumented/Economically Disadvantaged*
- *Behavioral Health*
- *Youth on Their Own*

Each group was charged with developing action-oriented recommendations for their subpopulation for inclusion in this Homeless Plan. The groups met four to five times, and solicited public input.

The need for concentration on the above categories was confirmed as the working groups began to discuss their issue areas. *Housing*, for instance, was an essential component of the gaps analysis, as discussions focused on regulatory barriers to developing affordable housing, landlord education and assistance, and availability of transitional housing.

The *Behavioral Health* work group focused on funding, service integration and obstacles to attaining housing for individuals with serious mental illness and/or substance abuse problems. The *Youth on Their Own* work group discussed prevention and service, as well as gaps in the current system that prevent homeless youth from accessing services. Representatives of local providers, school districts, and cities participated in this work group.

Representatives from the state Department of Corrections, advocacy organizations, and providers came together in the *Institutional Releases* work group to discuss barriers to this subpopulation. The work group acknowledged that hospitals and the foster care system contribute to homelessness when individuals are released without planning. It also determined, however, that the corrections system produces the highest number of homeless persons released from institutions directly to shelters with the most significant barriers to self-sufficiency. For this reason, the work group focused on releases from the corrections system.

The *Elderly, Undocumented and Economically Disadvantaged* work group studied refugees, undocumented immigrants, the elderly and families experiencing homelessness. Many of these individuals have sources of income, but are too poor to afford housing. In addition to poverty, undocumented people may face language barriers or legal challenges that make finding housing or earning a fair wage very difficult.

Domestic violence shelters, providers, and advocates were represented on the *Domestic Violence* work group. This group agreed that homeless victims of domestic violence face additional emotional or physical trauma. The *HIV/AIDS* homeless population focused on medical and prescription drug needs, transportation, and discrimination issues. Finally, the *Veterans* work group focused on the unique characteristics of homeless veterans and obstacles to obtaining housing and accessing services.

Community Strategies: Housing

- *By April 30, 2003, the Housing Work Group of the Regional Continuum of Care Committee on Homelessness will further investigate the need, identify resources, and identify the number of affordable housing units that will be developed within the next five years.*
- *Advocate for and provide technical assistance to develop a “housing first” approach with support services as needed.*
- *Advocate for the protection of the State Housing Trust Fund from state budget cuts.*
- *Identify and secure funding for permanent and affordable housing and support services, such as rental subsidies, childcare subsidies and job training in order to prevent homelessness and facilitate the movement into housing.*
- *Advocate for and support housing counseling programs for landlords and tenants that instruct landlords regarding available resources and issues specific to homeless people, and that help homeless people develop the skills to become successful tenants.*
- *Conduct a countywide study to provide local governments with critical information for evaluation. The study should assess regulatory barriers (i.e. impact fees, development fees, building codes, land use control, zoning, permits, taxes, land, infrastructure, financing, employment, community attitudes, crime, etc.) and offer best practices that have resulted in the removal of barriers and increased affordability.*





- *Support a social marketing campaign to educate the public on the issue of homelessness and its relationship to other issues important to our quality of life, including economic development, health care and a safe and healthy environment for kids. The campaign should be thoughtful and focused on collection of key information on current attitudes, beliefs and obstacles, as well as presenting a pro-social image.*
- *Support the National Housing Trust Fund production legislation.*
- *Advocate for HUD and Congressional delegates to increase the number of Section 8 Housing Choice Vouchers made available for Arizona.*
- *Work with the Arizona Coalition to End Homelessness to inform stakeholders (including homeless and formerly homeless people, providers and advocates) of advocacy opportunities and enable them to participate in advocacy efforts through training, networking, and tracking outcomes.*
- *Increase collaboration and coordination between stakeholders, including the Department of Housing, Multifamily Housing Association, funders and developers.*

HIV/AIDS

Homeless individuals living with HIV/AIDS who access shelter are very susceptible to disease due to weakened immune systems. They must also confront several additional issues that further complicate their situation, such as access to transportation, medical management, and discrimination. Many homeless people with HIV/AIDS have limited, if any, access to appropriate levels of medical care. Homeless persons with HIV/AIDS must apply for services in person at a Department of Economic Security office, but may be too ill to make the trip. Similarly, individuals with HIV/AIDS feel they risk discrimination if they share information with caseworkers or others regarding their illness, and therefore may not access the health care system.

Individuals who are HIV+ or diagnosed with AIDS are required to take medication at certain times with specific foods, and homeless patients generally do not have available food or water to satisfy these requirements. Or, medications may need to be mailed to a home address, further complicating the homeless HIV/AIDS patient's treatment. Even if a homeless individual receives his or her medication, the individual risks theft of the medication, as some pharmaceuticals have a high street value.

In addition, homeless individuals diagnosed with HIV/AIDS may experience difficulties accessing transportation. At times, public transit schedules may

not accommodate medical appointment schedules, or may not be available near shelters. Further, individuals with HIV/AIDS may be sensitive to the sun or heat due to medications or other treatments, and therefore have extreme difficulty waiting for a bus at an uncovered stop. Of course, a significant barrier to transit for the homeless population is its cost.

Several other issues may complicate a homeless person's needs when he or she is HIV+ or has AIDS. Transgender, gay, or lesbian individuals may be at a higher risk of violence on the streets or in shelter. Further, these individuals are often unable to seek work or maintain employment because of sick time and medical appointments. Persons with HIV/AIDS and a criminal background may be discriminated against when seeking housing, or may find housing subsidies unaffordable. To confront these multiple complexities, several strategies are offered below:

Community Strategies: HIV/AIDS

- *Incorporate an HIV/AIDS health testing and education component in shelters and clinics: 1) educate clients regarding services available, and 2) outreach to homeless persons infected with HIV/AIDS through the Human Services Campus Day Resource Center; coordinate with providers on the Human Services Campus to disseminate information, and explore the option of having staff from HIV/AIDS agencies on-site.*
- *Advocate for respite beds for persons released from the hospital who require health care, including those who are undocumented.*
- *Advocate housing people with immediate or past criminal records by: 1) identifying and developing relationships with housing managers and developers who will accept tenants with criminal histories, 2) identifying affordable housing vacancies, 3) increasing affordable permanent and transitional housing and supportive services for releases.*
- *Increase transitional housing programs with supportive services for homeless people with HIV/AIDS, including those for undocumented people.*
- *Advocate for an increase for inpatient substance abuse treatment.*

Veterans

In discussing possible solutions for homeless veterans, their propensity to band together, their chronic homelessness, and high incidence of addiction must be taken into consideration. Homeless veterans share similar experiences, and appear to want to stay together on the streets. Although this social structure may provide some positive benefits, it may be an obstacle to accessing housing



or services. Further, homeless veterans seem to share a frustration with a bureaucracy that they perceive as unable to assist them.

Many veterans have been homeless for 10 or more years, and therefore require intensive outreach and engagement in order to achieve solutions. However, homeless veterans do tend to remain in the same geographical area, and therefore may be easier to locate and approach. Further, the addiction issues experienced by homeless veterans require special attention. The specific recommendations for assisting homeless veterans are described below:

Community Strategies: Veterans

- *Advocate for implementation of a cross-functional team approach to outreaching to chronically homeless veterans. Coordinate outreach and services by targeting veterans who do not access services using a joint case-management approach. Because veterans are often chronically homeless, increase collaboration between VA and community-based agencies that are out in the field serving homeless veterans.*
- *Expand and empower the, Homeless Veterans Coalition (government, veterans services agencies, and service providers) to maximize coordination and effectiveness of veterans' services, develop reference materials (print) to distribute to homeless veterans and advocate for housing and services for homeless veterans.*
- *Advocate for an increase in veteran-specific residential substance abuse programs and transitional housing programs that support sobriety. Veterans have a high rate of success in veteran-specific programs.*
- *Utilize Veterans Administration to outreach to, support and educate providers regarding identifying veterans and services available to them, including the development of reference materials (print) to distribute to homeless veterans.*
- *Collaborate with ASU to develop a research tool and work with homeless providers to administer a survey to homeless veterans (both those accessing services and not accessing services) to identify needs, barriers, what works, what does not work, etc.*
- *Obtain support from legal and veterans' organizations to identify veterans in prison and jails who may benefit from pre-release planning in an effort to prevent homelessness and recidivism.*

Domestic Violence

The nature of a domestic violence victim's homelessness is also unique. These individuals are often homeless because they have fled an abusive situation. The pattern or history of abuse is often the cause of several other issues among victims who are homeless, including substance abuse, physical and emotional trauma, and fear of retribution from the perpetrator. Many homeless individuals and families do not recognize that they are victims of domestic abuse, so they access general shelter services. Because the shelter system is not equipped to identify victims of abuse or equipped to protect victims, their very special needs go unaddressed.

Domestic violence victims often seek shelter along with their children, who may also have been abused. Often, domestic violence shelter beds are unavailable, and victims who find shelter in a homeless facility do not have access to many of the counseling services they need. In addition, these individuals often have issues with sustaining self-sufficiency. In order to consider these issues specific to homeless victims of domestic violence, the following recommendations have been issued:



Community Strategies: Domestic Violence

- *Develop linkages between homeless and domestic violence shelter programs for the purpose of educating and training homeless shelter staff specific to domestic violence.*
- *Develop children's programs in shelters to improve coping skills and teach safety planning.*
- *Advocate for the development of a funding source that will finance programs to address long-term housing sustainability including rental subsidies, childcare subsidies and job training.*
- *Increase access to multiple services including substance abuse and general mental health treatment.*

Institutional Releases

Individuals released from correction facilities face a number of obstacles when seeking safe and affordable housing. Discharge planning is virtually non-existent. Many are released penniless, homeless and without prospects for jobs and housing.

People released from institutions often do not have supportive families or friends to turn to for help, having long ago burnt these bridges. Released

persons also may face obstacles stemming from mental health issues, substance abuse and a lack of job skills and experience. These conditions render the releasee unemployable. For these reasons, the following recommendations are presented:

Community Strategies: Institutional Releases

- *Advocate for comprehensive, standardized pre-release planning and necessary services for every releasee and secure funding for housing and services identified in the planning process.*
- *Review crime free housing policies to determine if they contribute to homelessness and advocate for changes to policy if they contribute to homelessness.*
- *Convene regular meetings of stakeholders to assess progress and provide oversight to prevent released offenders from becoming homeless.*
- *Advocate for housing for people with immediate or past criminal records.*
- *Identify and develop relationships with housing managers and developers who will accept tenants with criminal histories.*
- *Identify affordable housing vacancies.*
- *Increase affordable permanent and transitional housing and supportive services for releases.*
- *Increase affordable permanent and transitional housing and supportive services for releases.*

Elderly, Undocumented, Economically Disadvantaged

The term “economically disadvantaged” encompasses several subpopulations that may be dealing with homelessness. Each group has its own set of extenuating circumstances that further complicate homelessness. The elderly, for instance, may be on a fixed income, thus affecting their access to housing, medical and dental care, and medication. The elderly may also be hesitant to accept assistance or services, or may suffer from compounding deteriorating behavioral health issues or even dementia.

The undocumented homeless population faces a language barrier in addition to employment difficulties. There are few services available for this population. This group may also be hesitant to seek services for fear of legal ramifications.

In general, the economically disadvantaged population tends to consist of homeless families in crisis. These families face unaffordable housing and a shortage of supportive services. In light of this, several coordination and outreach efforts are discussed below.

Community Strategies: Elderly, Undocumented, Economically Disadvantaged

- *Work with outreach teams to develop a coordinated outreach effort targeted to chronically homeless individuals, with special emphasis on the elderly and veterans who are likely to be eligible for SSI and veterans benefits.*
- *Advocate for scattered site low demand shelters throughout the region.*
- *Increase participation of homeless and formerly homeless individuals on advisory boards, tenant councils, focus groups, activity planning groups, and the Regional Continuum of Care Committee on Homelessness.*
- *Advocate for the development of a drop-in center and services for people who are undocumented. Identify extent of the issue, funding streams, and barriers to people accessing services (language, fear, cultural sensitivity)*
- *Encourage more providers of prevention services to advocate for an increase in funding for prevention services using new census numbers. Better inform providers of advocacy opportunities and make it easier for them to participate in advocacy efforts.*
- *Develop coalition/network.*
- *Develop comprehensive list of funding sources for prevention services.*
- *Increase stock of affordable housing.*

Behavioral Health

Homeless individuals with substance abuse, serious mental illness (SMI), and other behavioral health issues face additional obstacles to overcoming homelessness. General mental health and substance abuse treatment is severely underfunded, so access is limited. Those with families face the fact that supportive housing programs for families with children are scarce. Individuals with behavioral health issues who do secure housing may have trouble maintaining their homes because supportive services are not available.



Outreach to homeless persons experiencing behavioral health issues is key to stabilization. Outreach, along with system and service integration, is critical in order to overcome barriers experienced by people with special needs. In addition, the *Housing First* model provides a promising option for people who are not deemed housing ready.

Community Strategies: Behavioral Health

- *Improve coordination of services and movement of clients into permanent housing through the development of client-centered comprehensive systems of care.*
- *Advocate for an increase in funding for substance abuse and general mental health services and treatment, including outpatient, residential treatment, aftercare and appropriate “wraps” in the community in order to provide for services on-demand.*
- *Develop housing for those receiving services for substance abuse and general mental health treatment.*
- *Support request made by ADHS for approximately \$100 million to complete the terms of exit criteria in the Arnold vs. Sarn stipulation.*
- *Advocate for intensive aftercare in order to ease transitions for people existing emergency and transitional shelters.*
- *Work with outreach teams to develop a coordinated outreach effort targeted to chronically homeless individuals*

Youth on Their Own

Providers of homeless youth services and their clients cite shortcomings in parenting skills, substance abuse, and physical and sexual abuse as potential precursors to youth homelessness. Providers and clients agree that it is critical not only to identify and work on the root causes of youth homelessness, but also to advocate and provide specialized services to this homeless subpopulation.

Although a number of support systems and programs for homeless youth do exist, gaps in services remain. Foster care programs, for example, “age-out” youth once they become 18 years old. The young people may not have developed extensive life skills, and may not have housing plans or support. Homeless youth often form communities for companionship and protection. This may be an obstacle to accessing services if it means loss of a support system.

In addition, homeless youth may be wary of seeking services if they are gay, lesbian, bisexual, or transgender. Studies suggest that a relatively high percentage of homeless youth may fit this description, and therefore may avoid services out of fear. Clearly, this special population requires services designed specifically for them.

Community Strategies: Youth on Their Own

- *Develop better linkages, communication and collaboration between stakeholders (i.e. service providers, youth, school districts, parents, faith-based organizations) to maximize coordination of existing services for homeless youth.*
- *Develop coalition of stakeholders and advocate for compliance with the McKinney-Vento Act of 2002.*
- *Advocate for resources and programs that encourage parent reconciliation and involvement.*
- *Develop shelter alternatives so that youth do not have to access CASS and other large shelters that pose significant dangers for young people.*



Appendix B

Glossary of Terms

Affordability Gap – The lack of affordable housing units in any one community, usually applied to very low income households that earn 40% below the area median income and pay more than 30% of their income for shelter.

Affordable Housing – Defined as paying 30% or less than an individual's income for housing.

Central Arizona Shelter Services (CASS) – Largest shelter provider for homeless people in Arizona, serving 6,000 men, women and children annually.

Chronically Homeless – Also described as “hard to serve” homeless. Those individuals with disabilities who have been continually homeless over the past year or who have been in shelters at least four times over the past three years.

Community Development Block Grant (CDBG) – A flexible federal source of funding that is granted to local communities in a “block” to: (1) benefit low- and moderate-income persons; (2) prevent or eliminate slums or blight; or (3) meet other urgent community development needs.

Crime Free Housing – A program, which partners property owners, residents, and law enforcement personnel in an effort to eliminate crime in multihousing properties. The program began in 1992 in Mesa, Arizona and has spread to 38 states, 3 Canadian provinces, and more than 700 cities.

Domestic Violence – Pattern of coercive control in an intimate relationship. This control may be seen in physical assault or in more subtle, but equally devastating ways. Verbal, emotional, financial, and sexual abuse, as well as isolation, fall under the realm of abusive behaviors. Domestic violence crosses all racial, ethnic, economic, and religious communities.

Emergency Shelter – Short-term shelter for emergency situations (usually for 30 days although it can be longer).

Fair Housing Act – Federal legislation passed in 1968 that prohibits discrimination in housing because of race or color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women, and people securing custody of children under 18) or handicap.

Federal HOME Funds – Largest Federal block grant to State and local governments designed exclusively to create affordable housing for low-income households.

Gaps Analysis – Part of the HUD McKinney Application process that involves estimating the number of homeless in any community and determine whether adequate services exist to accommodate them.

HIV/AIDS – Virus that causes AIDS/Auto-immune deficiency syndrome.

Homeless – According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence and; has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

HUD – The U.S. Department of Housing and Urban Development, first created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low-income persons; working to create, rehabilitate and maintain the nation’s affordable housing; enforcing the nation’s fair housing laws; helping the homeless; spurring economic growth in distressed neighborhoods; helping local communities meet their development needs.

Institutional Releases – Those homeless persons who were recently released from incarceration or other forms of institutionalization.

Low Demand – Refers to shelter delivery with very few requirements asked of residents.

Mainstream Resources – Federal and state-funded programs generally designed to help low-income individuals either achieve or retain their economic independence and self-sufficiency. Programs provide for housing, food, health care, transportation, and job training.

Maricopa Association of Governments (MAG) – Regional planning body that convenes the Continuum of Care Homeless planning process for the Maricopa region.

Maricopa County Human Services Campus – A new partnership among social service agencies to provide homeless individuals and families with a variety of services in one location.

McKinney-Vento Act – Major federal legislative response to homelessness that consists of fifteen programs providing a range of services to homeless people,

including emergency shelter, transitional housing, job training, primary health care, education and some permanent housing.

Outreach – Developing relationships, providing service delivery and resources to homeless individuals who generally live on the streets or other unsheltered settings.

Permanent Supportive Housing – Involves permanent, affordable housing with support services as needed.

Self-Sufficiency Standard – Methodology utilized to calculate the income needed to cover basic expenses.

Serious Mental Illness (SMI) – Terminology established by the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) 4th Edition*, describing individuals with debilitating mental illness.

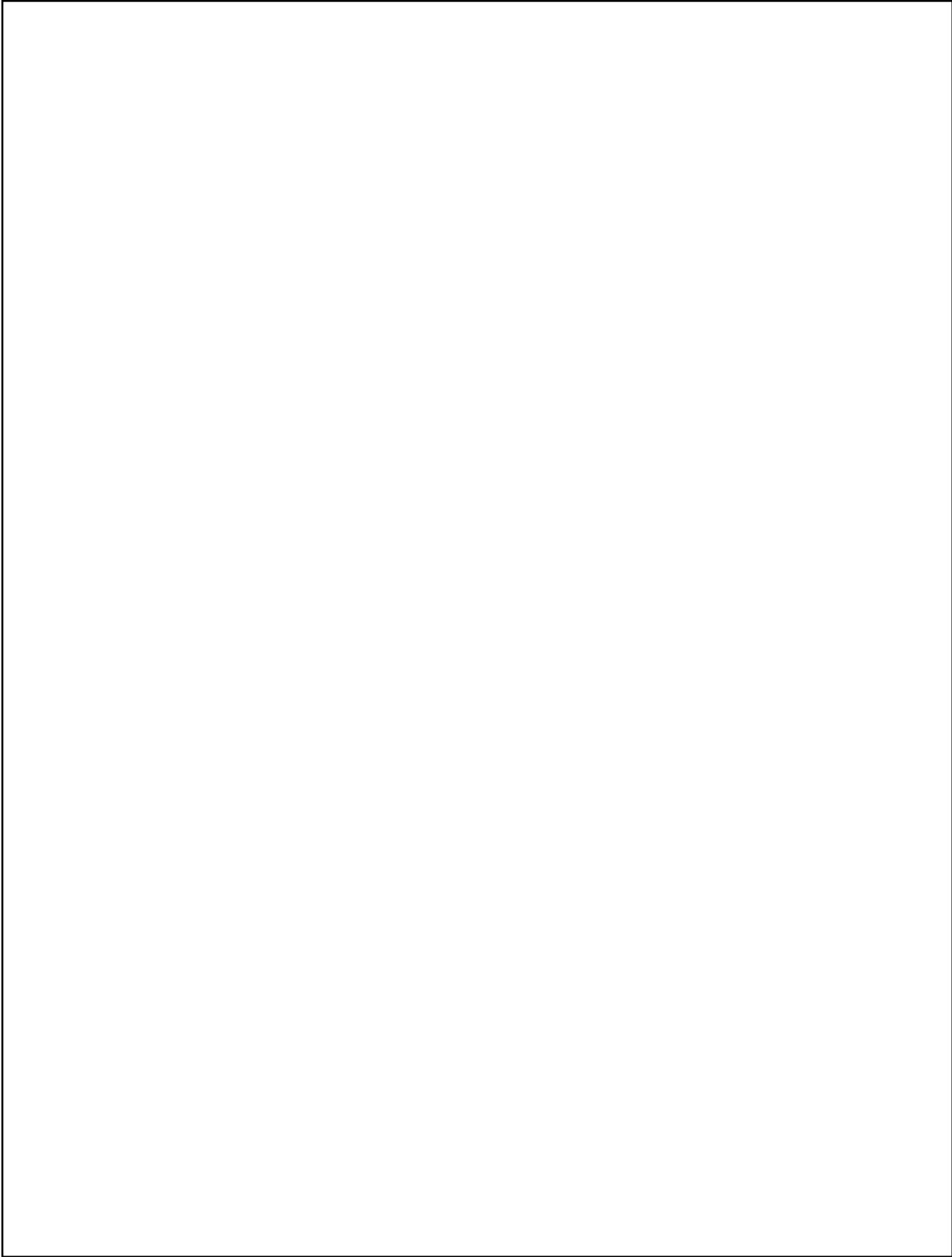
State Planning to Address Homelessness (SPAH) – Convened by the Department of Economic Security (DES), it's a collaborative effort among state agencies to improve communication and coordination of services to address homelessness in Arizona.

State Housing Trust Fund – Administered by the Arizona Department of Housing and created by the Arizona Legislature to expand safe and affordable housing opportunities for low to moderate income Arizona households.

Stuart B. McKinney Act – First comprehensive piece of legislation established in 1987 to respond to homelessness in the U.S.

Transitional Shelter – Refers to shelter provided to individuals for up to two years.

Undocumented – Refers to a segment of the homeless population who do not possess the necessary documents to gain access to resources and services.



Appendix C: Work Group

Work Group Facilitators

Paul Denial	<i>New Life Center – Domestic Violence</i>
Erica Ferguson	<i>Southwest Behavioral Health Service – HIV/AIDS</i>
Cherie Holm	<i>Salvation Army – Veterans</i>
Donna Hurdle	<i>Arizona State University – Youth on Their Own</i>
Guy Mikkelsen	<i>Foundation for Senior Living – Elderly, Undocumented, Economically Disadvantaged</i>
Sara Moya	<i>Homeless Trust Fund - Institutional Releases</i>
Brian Swanton	<i>Community Service of Arizona, Inc. – Housing</i>
Margaret Trujillo	<i>Value Options – Behavioral Health</i>

Work Group Participants

Celeste Adams	<i>Save the Family</i>
Terri Amabisca	<i>City of Tempe Housing Department</i>
Roberto Armijo	<i>Community Information and Referral</i>
Jo Bailey	<i>Dunlap & Magee</i>
Daniel Batton	<i>Meta Services</i>
Mike Bell	<i>Society of St. Vincent de Paul</i>
Mark Bethel	<i>City of Scottsdale</i>
Mary Bielsik	<i>North Valley Counseling Center</i>
Elizabeth Bjornstad	<i>HIV Care Directions</i>
John Blakney	<i>Copper Square Commons</i>
Blase Bova	<i>Society of St. Vincent de Paul</i>
David Bridge	<i>Central Arizona Shelter Services</i>
Brad Bridwell	<i>US Vets</i>
Lorraine Brown	<i>HIV Care Directions</i>
Stephanie Brzuzy	<i>Arizona State University School of Social Work</i>
Tracy Bucher	<i>Women Living Free</i>
Evelyn Buckner	<i>Arizona Coalition to End Homelessness</i>
Rosie Casillas Young	<i>Chicanos Por La Causa</i>
Jose Castillo	<i>Meta Services</i>
Josephine Caesar	<i>Meta Services</i>
Bob Chiffelle	<i>Foundation for Senior Living</i>
Greg Cook	<i>Meta Services</i>
Mark Cook	<i>Meta Services</i>
Terry Cook	<i>City of Phoenix Human Services</i>
Margot Cordova	<i>Valley of the Sun United Way</i>
Julie Croff	<i>Save the Family</i>
Dan Crowley	<i>Crowley Realty</i>
Geoff Davis	<i>Southwest Behavioral Health Services</i>
Luciano DeLao	<i>Chicanos Por La Causa</i>
Paul Denial	<i>New Life Center</i>
Debbra Determan	<i>City of Mesa Human Services</i>
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Gregg Donnell	<i>Project Hope Salvation Army</i>
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Debby Elliott	<i>Care Services</i>
Julie Evans	<i>Health Care for the Homeless</i>
John Feit	<i>Society of St. Vincent de Paul</i>
Erica Ferguson	<i>Southwest Behavioral Health Services</i>
Fred Ferguson	<i>Arizona Department of Veterans Services</i>
Margo Fernandes	<i>HomeBase Youth Services</i>
Shannon Flanigan	<i>Meta Services</i>
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Gabriel Forsberg	<i>Arizona Department of Veterans Services</i>
Mike Franczak	<i>Arizona Department of Health Services</i>
Janet Garcia	<i>Tumbleweed Center for Youth Development</i>
Yvonne Garcia	<i>Healthcare for the Homeless</i>
Kirby Gibbar	<i>Arizona Behavioral Health Services</i>
Cory Gonzales	<i>Arizona State University, Main Center for Urban Inquiry</i>
Larry Green	<i>HomeBase Youth Services</i>
Nedra Halley	<i>Dunlap & Magee</i>
Jack Harvey	<i>Mental Health Associates</i>
Katie Hobbs	<i>Sojourner Center</i>
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Cherie Holm	<i>US Vets</i>
Hal Holman	<i>Sunnyslope Faith and Justice League</i>
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Michael Jackson	<i>Tribe Program-APAZ</i>
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Michelle Jeffs	<i>Meta Services</i>
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Candace Johnson	<i>PREHAB of Arizona</i>
Cyrano Jones	<i>PLWH</i>
Derek Kaminsky	<i>Women Living Free</i>
Fred Karnas	<i>Arizona Family Housing Fund</i>
Ryan Karvel	<i>ASU-Nursing</i>
Mary Keehl	<i>Arizona Department of Corrections</i>
Kit Kelly	<i>City of Mesa</i>
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Patricia Klahr	<i>Chrysalis Shelter</i>
Stephanie Knox	<i>Value Options</i>
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Matt Mason	<i>Congressman John Shadegg's Office</i>
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Charlie McCasland	<i>Meta Services</i>
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Elizabeth Morales	<i>Arizona Behavioral Health Services</i>
Charlene Moran Flaherty	<i>Maricopa Association of Governments</i>
Bill Morris	<i>Meta Services</i>
Sara Moya	<i>Arizona State University</i>
Patricia Nightingale	<i>City of Phoenix, Human Services</i>
Amanda Nosbisch	<i>Family Service Agency</i>
Crucita Nuanez-Ochoa	<i>Chicanos Por La Causa</i>
Mary O'Connor	<i>NOVA</i>
Billie Paulson	<i>Central Arizona Shelter Services</i>
Bill Petty	<i>Meta Services</i>
Petersen Pieraz	<i>Tumbleweed Center for Youth Development</i>
Christine Piñuelas	<i>Maricopa County</i>
Suzanne Quigley	<i>Arizona Community Foundation</i>
Bruce Raden	<i>Congressman John Shadegg's Office</i>
Sandra Reagan	<i>Southwest Community Network</i>
Margaret Reiber	<i>YWCA Haven House</i>
Alison Reuter	<i>Phoenix Shanti</i>
Brenda Robbins	<i>Value Options</i>
Rebecca Robinson	<i>Valley of the Sun United Way</i>
Diane Rossinow	<i>AHCCCS</i>
Nancie Rossinow	<i>HIV Care Directions</i>
Ronald Richard Rowe	<i>Meta Services</i>
Paulette Russell	<i>Phoenix Union High School District</i>
Randall Russell	<i>Meta Services</i>
Aydee Salcido	<i>Meta Services</i>
Steve Santos	<i>Salvation Army Project Hope</i>
Susan Schmidt	<i>Maricopa County Human Services</i>
Nancy Schoemig	<i>Arizona Department of Corrections</i>
RJ Shannon	<i>Arizona Department of Health Services</i>
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Margaret Skiffer	<i>US Department of Housing and Urban Development</i>
Laura Skotnicki	<i>Save the Family</i>

Annette Stein	<i>Healthcare for the Homeless</i>
Amy Sullivan	<i>Labor's Community Services Agency</i>
Brian Swanton	<i>Community Services of Arizona</i>
Bobby Tabor	<i>Meta Services</i>
Kathleen Talmage	<i>Save the Family</i>
Kathy Tapija	<i>AHCCCS</i>
Larry Thompson	<i>Meta Services</i>
Mary Thomson	<i>Maricopa Association of Governments</i>
Josina Tishler	<i>Southwest Behavioral Health Services</i>
Wayne Tormala	<i>City of Phoenix</i>
Dan Trevino	<i>Common Good Ministry</i>
Margaret Trujillo	<i>Value Options</i>
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James Walloch	<i>City of Phoenix</i>
Nichole Wamble	<i>City of Mesa Human Services</i>
Soy Ward	<i>Central Arizona Shelter Services</i>
Wendy Weiske	<i>Dunlap & Magee</i>
Cheryl Wendt	<i>United Methodist Outreach Ministries</i>
Jean Wetmore	<i>US Vets</i>
Barbara Williams	<i>Arizona Housing Commission/Collaboration for a New Century</i>
Pamela Williams	<i>Meta Services</i>
Patrick Wood	<i>Tumbleweed Center for Youth Development</i>
Dede Yazzie Devine	<i>Native American Connections</i>
Mary Young	<i>Maricopa County Homeless Outreach</i>
Gary Zeck	<i>United Methodist Outreach Ministries</i>

Appendix D

Endnotes

ⁱExhibit 1, 2001 *HUD McKinney Application*

ⁱⁱ*Collaboration for a New Century*, Study and inventory of local services.

ⁱⁱⁱ2002 *HUD McKinney Application*

^{iv}*HUD Office of Policy Development and Research*

^v*Arizona Affordable Housing Profile Preliminary Findings*, prepared for Arizona Housing Commission, Governor's Office of Housing Development and U.S. Department of Housing and Urban Development, by Elliott D. Pollack and Company, April 2002.

^{vi}Draft Summary of the *Maricopa County Human Services Campus Report* conducted by Urban Earth Design for Maricopa County, 2001.

^{vii}*Joint Legislative Committee on Homelessness, Substance Abuse and Mental Health Subcommittee Report*, December 13, 1999.

^{viii}*Collaboration for a New Century*, Study and inventory of local services.

^{ix}*Arizona Affordable Housing Profile Preliminary Findings*, Prepared for Arizona Housing Commission, Governor's Office of Housing Development and U.S. Department of Housing and Urban Development, by Elliott D. Pollack and Company, April 2002.

^x*The Self-Sufficiency Standard for Arizona*, prepared for Children's Action Alliance by Diana Pearce, Ph.D., with Jennifer Brooks, March 2002.

^{xi}*Arizona Affordable Housing Profile Preliminary Findings*, prepared for Arizona Housing Commission, Governor's Office of Housing Development and U.S. Department of Housing and Urban Development, by Elliott D. Pollack and Company, April 2002.

^{xii}"Improving the Continuum of Care for Homeless People in Maricopa County," *A HomeBase Report*, 2001.

^{xiii}*National Alliance to End Homelessness, A Plan: Not A Dream – How To End Homelessness in Ten Years*, 2001.

^{xiv}Culhane, et al, 1999.

^{xv}"Improving the Continuum of Care for Homeless People in Maricopa County," *A HomeBase Report*, 2001. Estimates of homeless persons may vary. The cited estimate of homeless persons is based on a point-in-time shelter count, street count and homeless indicators.

^{xvi}Sam J. Tsemberis, Ronda F. Einsberg, *Pathways to Housing for Street Dwelling Homeless Individuals with Psychiatric Disabilities Psychiatric Services*, April 2000.

^{xvii}*The Self-Sufficiency Standard for Arizona*, prepared for Children's Action Alliance by Diana Pearce, Ph.D., with Jennifer Brooks, March 2002.

^{xviii}*National Alliance to End Homelessness, A Plan: Not A Dream – How To End Homelessness in Ten Years*, 2001.

^{xix}*National Alliance to End Homelessness, A Plan: Not A Dream – How To End Homelessness in Ten Years*, 2001.

^{xx}*Maricopa County Human Services Report for Gateway Campus*, conducted by Urban Earth Design for Maricopa County, 2001.

^{xxi}Maricopa Association of Governments, *A Regional Plan to End Homelessness in the Valley of the Sun*, 1996.

^{xxii}“Improving the Continuum of Care for Homeless People in Maricopa County,” *A HomeBase Report*, 2001.

^{xxiii}Rog, D.J. and Gutman, M., “The Homeless Families Program: A Summary of Key Findings.” (In S. L. Isaacs & J.R. Knickman (eds) *To Improve Health and Health Care: The Robert Wood Johnson Foundation Anthology*. San Francisco: Joseey-Bass Publishers, 1997.)

^{xxiv}“Improving the Continuum of Care for Homeless People in Maricopa County,” *A HomeBase Report*, 2001.

^{xxv}*Maricopa County Human Services Report for Gateway Campus*, conducted by Urban Earth Design for Maricopa County, 2001.

^{xxvi}Deborah Dennis, Joseph J. Cocozza and Henry J. Steadman “What Do We Know About Systems Integration and Homelessness?” *National Symposium on Homelessness Research*.

^{xxvii}*United States General Accounting Office Report to Congressional Requesters*, “Homelessness, Barriers to Using Mainstream Programs” July, 2002.

^{xxviii}*SAMHSA Jail Diversion Knowledge Development and Application Initiative* “Creating Integrated Service Systems for People with Co-Occurring Disorders Diverted from the Criminal Justice Systems,” Summer 2000.

^{xxix}Donna E. Hurdle, Ph.D., Arizona State University School of Social Work, *The Needs and Concerns of Homeless Individuals in Phoenix*, Spring 2002.

^{xxx}*Homelessness: Programs and People They Serve*, 1999.

^{xxxi}“Improving the Continuum of Care for Homeless People in Maricopa County,” *A HomeBase Report*, 2001.